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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000009460 (4)

1. Corporation Name

ESQUIRE INVESTIGATIVE CONSULTANTS INC.

Principal Place of Business

3700 AIRPORT RD
SUITE 304
BOCA RATON FL 33431
US

Mailing Address

7700 FAIRWAY TRAIL
BOCA RATON FL 33487-1492
US

3. Date Incorporated or Qualified
01/31/1994

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0465779

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 2298 NW BOCA RATON BLVD
Suite, Apt. #, etc.

22 SUITE 21

23 BOCA RATON, FL
City & State

24 33431
Zip

25 USA
Country

2a. Mailing Address

27 Suite, Apt. #, etc.

28 BOCA RATON, FL
City & State

29 33487-1492
Zip

30 USA
Country

9. Name and Address of Current Registered Agent

BOLENDER, JEFF A
7700 FAIRWAY TR
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent, if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

4/21/97

12. OFFICERS AND DIRECTORS

TITLE PVT
NAME BOLENDER, JEFF A.
STREET ADDRESS 7700 FAIRWAY TR
CITY-ST-ZIP BOCA RATON FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5/21/97 561-447-7333

CR2E034 (9/96)